DOCUMENT RESUME

ED 180 617 PS 011 101

AUTHOR Migliaro, Ann
TITLE Health and Safety: Arizona HSST/CDA Competency Based Training Module #2.
INSTITUTION Pinal County Community Coll. District, Coolidge, Ariz. Arizona/Nevada Child Development Associates.
SPONS AGENCY Administration for Children, Youth, and Families (DHEW), Washington, D.C.
PUB DATE [78]
CONTRACT 190-78-0003
NOTE 28p.: Filmed from best available copy; For other modules in this series, see PS 011 100-128
AVAILABLE FROM Arizona/Nevada CDA, P. O. Box 337, Sacaton, AZ 85247 ($0.33 per module)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Accident Prevention; *Child Care Workers; Early Childhood Education; Emergency Programs; *Health; *Performance Based Teacher Education; Postsecondary Education; *Preschool Teachers; Recordkeeping; *Safety; Sanitation; *Training
IDENTIFIERS *CDA; Child Development Associate

ABSTRACT

The purpose of this Child Development Associate (CDA) training module is to help the CDA intern develop the knowledge and skills necessary to provide a safe and healthy environment for preschool children. Objectives are stipulated and activities for each objective are suggested. The importance of protecting young children is explained. Practical suggestions are given for (1) making the center environment safe for young children, (2) teaching children safety rules and good health practices, and (3) maintaining health records. A safety checklist, health record, and notification of exposure to communicable disease form are included in the module. (Author/RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED180617
P801101 • 101102 • TRANSCRIPTION

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

SRA

Competency Based Training Module #2

HEALTH AND SAFETY

by

Ann Migliaro

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Warren E. Miller

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

NOTE TO THE INTERN:

This CDA training module has been prepared as a guide for you and your CDA advisor to help you to develop certain practical skills necessary for your work in an early childhood center. Although it contains many useful ideas, it is not intended to be a self-study program. Many decisions about your training experiences are left up to you and your CDA advisor. The activities given in this module are "suggested" activities, and should be used if they are appropriate to your learning needs. You or your advisor may come up with other activities more appropriate for your particular situation, children, or background of experience and training.

Your advisor will evaluate your performance in each of the objectives. He/she may do so right away on the basis of skills you already have, or he/she may evaluate you after you have done some learning activities, or both. If you think you already have the skills required by some of the objectives, you should ask to be evaluated right away. You may not have to do any activities for some of the objectives. You do, however, have to demonstrate the required skills for your advisor; you cannot just tell him/her that you have the skills. If your advisor has already observed some of the skills before you entered this module, he/she may check you off on those skills without further observation.

When your advisor has evaluated your performance in an objective area as satisfactory, he/she will initial and date that objective as complete in your copy of this module. When all of the objectives have been initialled, you have completed the requirements of this module and have earned credit. Keep this module as your permanent record of completion, and as a reference to use in your classroom.

As you can see, how fast you are able to complete this module depends on a lot of things: how much time and effort you can put into it; how much help your advisor can give you; how much experience and training you have already had.

The Arizona HSST/CDA program hopes that you find your participation in CDA a valuable and practical training experience. We would appreciate any suggestons you may have for improvements in the training program and in this module.

HEALTH AND SAFETY

CDA TRAINING MODULE #2

TABLE OF CONTENTS

INTRODUCTION.....Page 1

OBJECTIVES, ACTIVITIES, ASSESSMENT.....Page 2

STUDY GUIDE.....Page 7

RESOURCES FOR FURTHER STUDY.....Page 19

SUPPLEMENT.....Page 20

This module relates to the following CDA Competencies:*

A. SET UP AND MAINTAIN A SAFE AND HEALTHY LEARNING ENVIRONMENT (see items 5, 6, and 8)

This CDA training module has been produced by the Arizona Child Development Associates training program (Arizona HSST/CDA), of the Pinal County Community College District, Coolidge, Arizona 85228.

For permision to reproduce this material, contact Martha Honeycutt or Warren Miller, (602) 723-4141.

* for reference, see the Arizona HSST/CDA "CDA Assessment"

HEALTH AND SAFETY

INTRODUCTION

Health and safety needs are basic needs of people of all ages. Young children have not yet acquired the knowledge and skills required to protect themselves, so adults must provide sufficient guidance so that children may learn about the world with an optimum amount of freedom from injury and risk.

Providing a safe environment involves removing hazards from the child's surroundings, protecting the child during his early development, and teaching the child good safety practices. Providing a child with preventive and remedial health services and helping him establish sound health habits will aid him in maintaining a level of health which allows him to explore his world.

The function of this module is to help the intern develop the knowledge and skills necessary to provide a safe and healthy environment for the children in his/her center.

OBJECTIVES, ACTIVITIES, ASSESSMENT

CDA Intern's Name_____

Date of Entry_____ Date of Completion_____

OBJECTIVE	SUGGESTED ACTIVITIES	ASSESSMENT
1. The intern will <u>recognize</u> health and safety factors which might affect a child's performance or well-being.	1. Read the Study Guide. a. Discuss with your advisor the importance of maintaining a safe and healthy environment for children. b. Using the checklist provided in the supplement and/or the checklist used for inspection in your center, identify all health and safety hazards which exist in the center.	date/initial
2. The intern will know the safety and health <u>requirements</u> which apply to his/her center and the <u>agency</u> which enforces these requirements.	2. Refer to Section II-B-2 of the Study Guide. a. Find out what agency enforces health and safety requirements in your center. b. Obtain a list of the health and safety requirements which apply to your center.	date/initial
3. The intern will <u>remove</u> those health and safety hazards which are removeable.	3. Refer to Section II-B-1 of the Study Guide. a. Review the hazards which were identified in the activities for Objective 1. b. Remove the hazards which you you can remove, and find appropriate storage for any dangerous materials. c. Plan and carry out a work session for staff members or parents where all toys and equipment which need minor repairs can be repaired.	date/initial

OBJECTIVES	SUGGESTED ACTIVITIES	ASSESSMENT
4. The intern will document and report existing hazards in the appropriate manner.	4. Refer to Section II-B-5 of the Study Guide. a. Obtain or devise a maintenance request form. b. Find out to whom maintenance request forms should be submitted. c. Fill out and submit maintenance request forms for the hazards which exist in the center which center staff cannot remedy. Be sure to keep one copy on file in center. d. If no such hazards exists, use an imaginary hazard to demonstrate to your advisor your ability to use a maintenance request form.	date/initial
5. The intern will periodically review maintenance requests and take appropriate action.	5. Review all maintenance request forms which you have submitted and take the appropriate action.	date/initial
6. The intern will insure that the center has adequate safety limits and practices and will instruct the children in observance of these.	6. Refer to Section II-C of the Study Guide. a. Make a written list of all of the safety limits and rules which are used in the center. Discuss these with your advisor with regard to their necessity for safety reasons. b. Study the arrangement of the play areas in the center. Point out to your advisor where adults should be positioned so that adequate supervision is provided. c. Make a plan for quick evacuation of the center in case of fire. Practice the fire drill procedure with the children. d. Plan and carry out a series of activities for the children which will help them learn several basic safety rules.	date/initial

OBJECTIVES	SUGGESTED ACTIVITIES	ASSESSMENT
7. The intern will <u>instruct</u> the children in the observance of good health practices.	7. Refer to Section III of the Study Guide. a. Make a storage area where children can store their toothbrushes so that they stay clean and so that children can identify their own. b. Plan and carry out a series of activities which will help children learn good medical, dental, mental and nutritional health practices.	date/initial
8. The intern will <u>insure</u> that adequate health records for each individual child are maintained and will <u>use</u> these redords to insure that the children's needs are met.	8. Refer to Section IV and V of the Study Guide. a. Determine who has the primary responsibility for maintaining complete health records for the children in your classroom. Then decide what information is needed in your own center records. Discuss your decisions with your advisor. b. Obtain or devise a form for individual health records for your center's use which provides for all the necessary information (a sample of a complete health record form is in the supplement; your record-keeping requirements <u>may</u> be satisfied by using an abbreviated form). c. Begin keeping health records for each child in the center using the form you have adopted. Be sure to keep these records up-to-date. d. Discuss with your advisor the importance of keeping children's records confidential.	

OBJECTIVES	SUGGESTED ACTIVITIES	ASSESSMENT
8. continued	e. Identify a child in the center with a specific problem. Discuss with the advisor what this problem means in terms of the child's participation in the total center program.	date/initial
9. The intern will <u>know</u> proper procedures for dealing with illnesses and emergencies.	9. Refer to Section VII of the Study Guide. a. Take a first aid course. b. Make sure that each child's individual records include a completed emergency information form. c. Demonstrate for your advisor that you know how to use the fire extinguishers in the center. d. Obtain or devise written procedures to be used for the following: (1) an accident involving an injury (2) an illness which begins at school (3) a fire in the center (4) an accidental poisoning of one of the children. Make sure that all telephone numbers which would be needed are posted next to the telephone. e. Obtain or devise an accident report form and demonstrate your ability to use it. f. Obtain or devise a form for notification of exposure to a communicable disease and demonstrate your ability to use it.	

OBJECTIVES	SUGGESTED ACTIVITIES	ASSESSMENT
9. continued	g. Role play emergency situations with your advisor and/or other staff members. Demonstrate your knowledge of the proper procedure in these situations.	date/initial
10. The intern will compile, maintain, and use a list of all available resources in the area of health and safety.	10. Refer to Section VIII of the Study Guide. a. Compile a list of available resources. if a list already exists, up-date the list as needed. b. Plan and carry out a series of activities for the children using one of the resources included on the list. c. Discuss with your advisor referral procedures for several resources listed.	date/initial
11. The intern will share the center's health and safety goals for children with parents and will participate in an on-going health education program.	11. Refer to Section IX of the Study Guide. a. Discuss with your advisor methods of informing parents about center activities relating to health and safety. b. Plan and carry out a parent meeting using a community resource in the area of health and safety.	date/initial

HEALTH AND SAFETY

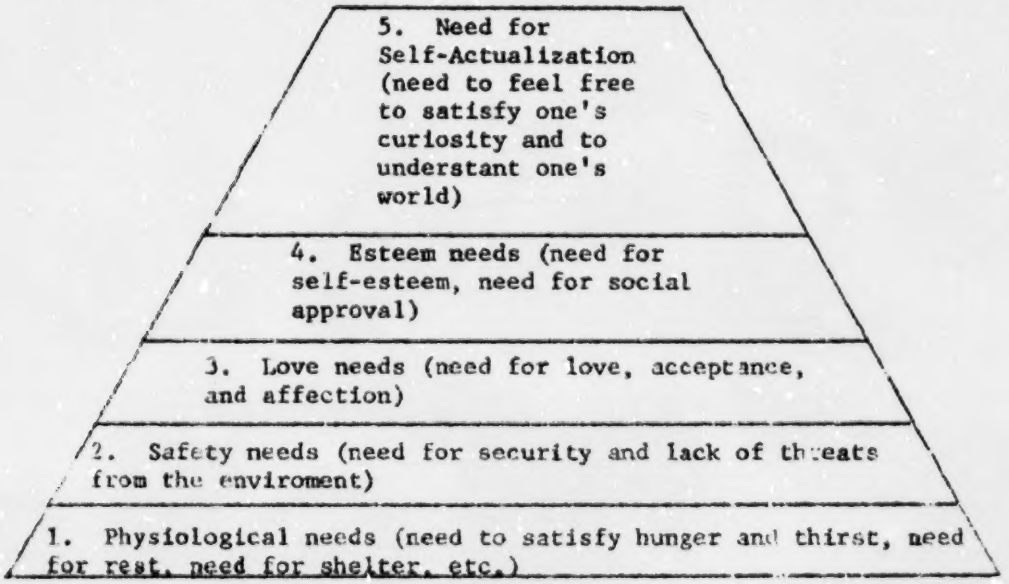
STUDY GUIDE

I. The health and safety of the children in an early childhood center should be a primary concern of the center staff.

A. A preschool child is naturally very curious about the world around him. Although curiosity is an important motivation for learning, it can also lead to accidents if unsafe conditions exist in the environment or if proper supervision is not given.

B. Young children's actions are more often controlled by emotions than by reasoning. As the adults, center staff must anticipate situations which are potentially hazardous and take steps necessary to prevent accidents.

C. People of all ages have similar needs, and basic needs must be met before attempts to meet higher needs can be successful. A. H. Maslow (Reference #2) has put these needs into a hierarchy or rank of importance:


5. Need for Self-Actualization (need to feel free to satisfy one's curiosity and to understant one's world)
4. Esteem needs (need for self-esteem, need for social approval)
3. Love needs (need for love, acceptance, and affection)
2. Safety needs (need for security and lack of threats from the enviroment)
1. Physiological needs (need to satisfy hunger and thirst, need for rest, need for shelter, etc.)

The needs at the bottom of the pyramid must be met before one can begin to move up to satisfy higher needs. Providing a safe and healthy environment for children can help them meet the physiological and safety needs, freeing them to explore the world around them and to learn.

D. One of the important components of the Headstart program is the health component. This involves the areas of medical, dental, mental, and nutritional health, and implementation of this component should include preventive and remedial measures as well as instruction for children in good health practices.

A total approach to accident prevention can be viewed as involving three steps: A. Children need to be protected during their early development; B. The environment should be made safe for young children; and, C. Children should be instructed in safety rules, avoidance of danger, and ways to handle emergency situations.

A. Children need to be protected during their early development.

1. Appropriate rules and limits which the children understand should be made and enforced. Review Module #5 - Guiding Behavior.

   a. When children understand why rules exist, they will be more likely to follow these rules without constant reminders from adults. The rules and limits which are set and the reasons for having these rules should be discussed with the children.

   b. An excessive number of rules is overwhelming to preschool children. Limit the number of rules to those which are absolutely necessary to insure the health and safety of the children.

   c. Where possible, set up the environment so that the arrangement of space or equipment gives children reminders of the set safety rules and limits. For example, the fence surrounding the playground is a constant reminder that children must stay on the playground. If the woodworking area is only large enough for two children to work in safely, indicate this by setting out only two sets of tools, two boxes of nails, two containers of objects to be used in this area.

2. Proper supervision by the adults in the center should be provided throughout the program day.

   a. The arrangement of the room should be planned so that the room is easily supervised. If the room is divided into different areas by room dividers or shelf units, try to keep the height of these dividers low enough so that an adult can see over them. If it is impossible to view the entire room from any one spot, adults should be placed at vantage points so that some adult is able to see every nook and cranny of the room easily.

   b. Enough adults should be available to supervise all of the space which the children are using. If the number of adults is too small to keep a close watch on all areas of the center, the area which the children can use may have to be limited. For example, one early childhood center has included a time in its daily program in which children are given a free choice of activities either indoors or outdoors. The head teacher, the aide, and the bus driver are able to supervise this free choice time adequately by having two staff members remain inside to help the children who choose to stay inside the L-shaped classroom, while the third staff member remains outside to supervise the children who choose to play on the playground. On the days when the bus driver is called away during this time however, the choices given to the children must be limited. Either all of the children must go outside, or all of the children must remain inside, limiting the space used to a size which can be properly supervised by the adults who are in the center.

c. There should always be at least two adults at a center with a group of children, with more adults required as the number of children increases. If an emergency arises, one adult is available to handle the emergency, leaving the second adult to stay with the rest of the children.

d. Children should never be left unattended. Accidents are most likely to occur when no adult supervision is being given. The competent teacher never relaxes her watchfulness.

e. Areas in the center in which accidents are more likely to occur should be more carefully supervised. An adult should be right in areas where activities are going on which use potentially dangerous equipment. When tempers flare in the woodworking area, it is simple for a teacher who is standing right there to step in and prevent Johnny from hitting Sally with the hammer. If the adult were standing across the room, Sally might already have been hit by the time he/she got to the woodworking area.

3. Center staff should be aware of any handicaps of the children in the center.

a. Handicaps, especially those affecting sight and hearing, lead to greater probability of accidents. Hazards which a non-handicapped person would see or hear may be missed entirely by a person who has a sight or hearing handicap.

b. Special precautions may need to be taken to insure the safety of handicapped children in the center. Supervision, particularly during very active play, may need to be closer and much more watchful than normal to prevent serious accidents.

4. Although children need to be protected, they should not be over-protected. Bumps and bruises are a natural part of childhood and the learning process. Adequate protection, like mother love, allow children to explore the world freely while minimizing the risk of accidents and injury. Overprotection, like "smother" love, restricts children's explorations and their learning.

B. The environment should be made safe for young children.

1. All hazards which are removeable should be removed.

a. Potentially dangerous items, such as cleaning supplies, first aid supplies and medications; teaching tools such as paper cutters, large sharp scissors, razor blades; or other very sharp items or toxic substances, should be stored in locked cabinets or high cabinets or shelves. Preschool children often try to satisfy their curiosity about unfamiliar objects by tasting and manipulating.

b. Center staff should be aware of the physical and mental abilities of the children in the center. To an adult, an open shelf or unlocked cabinet may look high enough to be impossible for a child to reach. However, if a desired item is in that shelf, the child may be able to climb that high using a chair, lower shelves, or other pieces of furniture.

c. All equipment and toys which are broken, worn out, or unsafe should be removed. These can then be either disposed of or stored away from play areas until needed repairs can be made.

d. Toys and equipment should be appropriate for the ages of the children the center serves. Toys which are too advanced for children often lead to misuse and accidents. For example, a four-year-old with advanced small muscle coordination may be able to use a potato peeler (under teacher supervision), but such an activity might be too dangerous for a three-year-old lacking the necessary developmental skill.

e. Outdoor play areas should be kept clear of refuse, maintenance supplies and tools, and equipment which has become unsafe. If the outdoor play area contains plants which are poisonous, these should be removed or fenced so that they are out of the children's reach.

2. Staff members should be familiar with health and safety requirements which apply to the center and know what agency enforces these requirements. Health and safety inspections are much easier to deal with if center staff knows what to expect.

a. It is much easier to comply with health and safety regulations if you know specifically what these regulations are. Included in the supplement is a general checklist based on the requirements given in the Headstart Performance Standards. However, specific requirements will vary from area to area.

b. The agency which is responsible for enforcing health and safety regulations in preschool centers will also differ from area to area. This agency might be the Public Health Service, or a city, county, or state agency or Department of Health.

3. Heat, light, and ventilation should be kept at levels which encourage optimal functioning of the children.

a. Heat should be kept at a level which is comfortable (68°-78°). If the center is cold, children will not only be primarily concerned with getting warm, but possibilities for illness also increase. In a room which is too warm, tempers can flare easily and energy levels will decrease.

b. The heating system should be well-ventilated, with the main furnace located away from play areas. All pipes and ductwork should be well insulated to prevent burns.

c. The center should be well lighted either from lights or from windows. This is especially important in hallways, stairways, and other passageways which have no windows.

d. Good ventilation without drafts should be provided, either by the heating/cooling system or by open windows. If windows are used for ventilation, they should be opened from the top or fitted with sturdy screens.

4. Provisions should be made to insure high standards of sanitation.

   a. Bathrooms, kitchen areas, and play areas should be kept clean and free from rodents and insects.

   b. All garbage and trash should be removed from the center daily. If trash is collected from the center, covered garbage cans located outside the building should be used to store garbage until it is collected. If trash is burned, the location for burning should be away from play areas and placed so there is no danger of the fire spreading.

5. If hazards exist in a center which the center staff cannot eliminate, maintenance or repair requests should be made to the responsible person or department.

   a. Maintenance or repair requests should be written so that there is documentation that the center staff recognizes that a hazard exists and has taken steps to remove the hazard.

      (1) A maintenance request from is a simple way to make these written requests. The information given in a request should include the date the request is made; the person to whom the request is made; the specific hazard which exists; the cause of the hazard, if appropriate; what action is requested; and the signature of the person making the request. A sample maintenance request form is included in the supplement.

      (2) When a maintenance request is made, a duplicate copy of the written request should remain on file in the center. When the requested repairs are made, the request should be dated and refiled in an inactive file.

   b. Requests should be made to the proper person or department. Know who is responsible for making needed repairs, and make maintenance requests through the proper channel.

   c. Maintenance requests should be reviewed periodically.

      (1) If repairs have been made as requested, add the date that these repairs were made to the request form and file it in an inactive file.

      (2) If repairs have been started but not yet completed, check on the progress which is being made.

      (3) If no action has been taken yet, make the maintenance request again. Continue to check on the progress until repairs have been made.

6. When children are taken into a new environment, such as on a field trip, extra care must be taken. Strange places have new and interesting things which children will want to explore, and not every place will be child-proofed as well as your own center. Extra adults will be needed to see that these exciting learning opportunities do not turn into tragedies.

C. Children should be instructed in safety rules, avoidance of danger, and ways to handle emergency situations.

1. One of the most valuable teaching tools in the area of safety is having a good model for the children to follow. It is very important that adults in the center follow all safety rules. Not only is it confusing to children if they are not allowed to climb on folding chairs but the adults often stand on these chairs to reach the high shelves; it may also harbor feelings of resentment rather than cooperation by enforcing a double standard.

2. Proper use of equipment in the center should be discussed with and demonstrated for the children. After the discussion and demonstration, the children should be gently reminded of the proper way to use equipment if they are misusing it.

3. Children should be given instruction on proper care of equipment. Many pieces of preschool equipment become quite hazardous if they are broken and a floor which is cluttered with many small toys can become an obstacle course. If children learn to care for materials and equipment properly, many potentially dangerous conditions can be avoided.

4. Safety rules should be discussed with children, and they should be given opportunities to practice these rules.

   a. Rules which apply to activities which occur in the center should be continually enforced. New habits are not acquired by being told only once what should be done. Gentle reminders and constant adult modeling, however, will insure that safety rules and practices become habits with the children.

   b. Rules which apply to situations which might be faced on field trips should be discussed with the children before a field trip is taken. Games which give children the opportunity to practice these rules might be used in preparation for field trips.

   c. Safety rules which apply to situations which rarely occur in the center program might be introduced to the children in games or stories.

5. Children should be instructed in ways to handle emergency situations.

   a. Emergency evacuation plans should be posted in the center and discussed with the children. Fire drills should be practiced regularly so that children will be able to leave the building quickly and without panic.

   b. Children should learn their full name, address, and telephone number as soon as they are able.

   c. Children should be shown how to use a telephone and be given the chance to practice this skill. In emergency situations in which no adult is present, this could be a life-saving skill. Realistic toy telephones could be used for this activity, or local telephone companies may have telephones which can be borrowed.

d. Adults cannot anticipate every emergency situation which children may encounter. Therefore, children need to learn basic problem-solving skills if they are to deal effectively with all emergency situations. Review Module #17, Enhancing Questioning and Problem-Solving Abilities, for methods of developing problem-solving skills in children.

6. Children should be taught that some plants and animals are quite dangerous. Science activities might be planned to include the identification of poisonous and dangerous plants and animals of the area. Children should be instructed not to go close to animals with which they are not familiar and not to eat wild plants or berries without first checking with an adult.

III. Children should also be instructed in proper health practices which are important in maintaining optimal health.

A. Again, modeling by adults is very valuable in establishing good health habits in children. If children are required to wash their hands before eating, adults should also wash.

B. Personal hygiene habits should be encouraged by including hygiene practices in the daily program.

1. Time for washing hands and brushing teeth should be included in the daily schedule. Hands should be washed before eating; teeth should be brushed after eating.

2. Adequate supplies of all items needed for hygiene practices should be maintained in the center.

a. Warm water and soap should be available for washing.

b. Either paper or clean cloth towels should be available to children in the bathroom area.

c. Each child should have his own toothbrush which is clearly marked so that he is able to identify it.

d. Toothpaste or toothpowder should be available to the children. If possible, each child should have a small container of his own. If toothpaste or toothpowder is not always available to the center, a mixture of baking soda and salt can be used until toothpaste can be obtained.

3. Proper storage should be used for all hygiene supplies.

a. If cloth towels are used, towel racks should be provided in the bathroom area so that children are able to hang up towels after they are used.

b. If paper towels are used, waste baskets should be provided in the bathroom area so that used towels can be thrown away. Paper towel dispensers should be within the reach of the children.

c. Toothbrushes should be stored so that they dry quickly, remain clean, and so that children are able to get their own toothbrushes easily. A wall or large board either in or near the bathroom on which children can hang their toothbrushes can be marked in a way so that children can find their own toothbrushes.

4. Children should be able to reach bathroom sinks easily without adult help. If the sinks are too high for the children, sturdy steps or a platform can be build on which the children can stand.

C. Nutrition education as well as nutritious meals and snacks should be provided in the center program. Review Module #15, Nutrition in the Early Childhood Setting.

D. Children should be instructed in clothing appropriate for weather conditions.

1. Children should be aware that staying warm and dry are factors related to staying free from illness.

2. If necessary, extra clothing, such as sweaters, coats, gloves or mittens, scarves, and boots, should be obtained by the center so that all children are dressed for weather conditions during outside play.

E. Children should be aware that adequate rest and exercise are important to maintaining health.

F. Becoming familiar with health personnel can often lead to reducing children's fear of doctors, nurses, dentists, and other people in the health field.

1. The unknown is frightening even to adults, and children who don't know what to expect can imagine situations which are much more frightening than reality.

2. Field trips or classroom visits of health personnel in which no attempt is made to give children any type of medical or dental attention can make the real thing much easier and less frightening for children.

3. Activities which prepare children for medical or dental examinations can often relieve much of the fear and anxiety of the examinations. Children are often more willing to see medical personnel if they know that an adult understands how afraid they are.

4. Providing dramatic play materials for the children to use in acting out visits to the doctor or dentist can help remove some of their fear of medical personnel and medical situations.

IV. Individual health records for all of the children in the center should be maintained.

A. The center may or may not have the responsibility of maintaining detailed health records such as those required by the Headstart Performance Standards. It is important for center staff to know who is responsible for maintaining these records and to see that the children are provided with needed health services.

1. If center staff is directly responsible for keeping individual children's health records and for insuring that the children receive all needed health attention, the health records kept by the center should be detailed.

2. If your center staff is not directly responsible for keeping individual children's health records and insuring that they receive needed health care, abbreviated health records will be adequate for your classroom needs. The health information needed for the day-to-day care of each child in your center includes: information on allergies or reactions to insect bites; any special dietary needs or restrictions; any physical problems which will limit the child's participation in center activities; any other health problems which indicate the need for special care or different treatment.

B. It is highly recommended that health record forms be similar to those which are used by the agency which is used for health services. If one is not available, or if a standard form is not used, the form included in the supplement can be used as a model from which an abbreviated health form can be drafted.

C. Records should include the dates of all immunizations which the children have had.

D. Health records should include at least a brief medical history of the children which includes all major illnesses, any serious accidents, and any existing conditions which require medical attention.

E. Any other special conditions which a child has should be noted on his individual health record. This would include allergies, high susceptibility to illnesses, or any limitations which the child has because of his general health.

F. A report of a complete physical examination should be included in the health records.

G. Dental records should also be kept.

H. An emergency information form which includes telephone numbers and important information regarding special conditions of the child should be included in the health records. A sample form is included in the supplement.

I. Additions should be made to children's health records to reflect additional testing and health attention.

1. Results of any vision or hearing testing done during the year should be entered on the records.

2. Records of dental examinations and work should be noted.

3. Reports of illnesses or accidents throughout the year should be entered on the health records. If these occur at school, the specific actions taken by the center staff (first aid give, child taken to the clinic, child sent home, etc.) should be noted as well as any follow-up attention which was required.

4. If referrals are made, at least a brief report of findings and treatment should be added to the health records.

J. Observations which pertain to a child's general health might be added to the individual health records. If a health problem develops, these observations may contain information which is valuable in determining the best treatment plan. All such entries should be dated.

K. The children's individual health records should be confidential. Information contained in the records may be shared among center staff, and with authorized health care personnel. Each child's records must be open to the child's parents, but should not be open to anyone else.

V. The individual health records should be used by the staff to insure that children's needs are met.

A. Individual health records should be reviewed periodically so that children receive immunizations, boosters, and other preventive care as needed. The direct responsibility of insuring that children receive needed health services will differ depending on the program.

B. If a child requires regular treatment for a chronic condition, entries should be made in the health record which show when treatments were given and when additional treatments will be needed.

C. Information regarding referrals made to health personnel should be used in individualizing the program to meet the specific needs of the children.

D. Information regarding general health or specific problems or limitations should be used in individualizing the program and in forming deeper understanding of the possible reasons for children's behavior.

VI. Close communication with parents is necessary to insure that children receive needed health attention.

A. Parental permission must be obtained for all health services provided through the center.

B. Center staff should share any information which they obtain regarding the children's health with the parents, either through conferences, letters, or telephone calls.

C. Parents should be encouraged to participate as much as they can in the health program of the center. If the center makes arrangements for the children's health services, parents should accompany their children when possible.

VII. The center staff should be able to deal with emergencies and illnesses effectively.

A. Fire extinguishers should be strategically located and properly maintained in the center, and staff members should be able to use them. A large container of baking soda kept handy in the kitchen can be used effectively for putting out grease fires.

B. First aid supplies, including a first aid poison antidote kit, should kept in the center.

1. First aid supplies should be replaced immediately after they are used.

2. A first aid poison antidote kit should contain powdered activated charcoal, which will absorb large amounts of poison which has been taken, and syrup of ipecac, which can be used to induce vomiting after taking certain types of poisonous substances. Check with a physician or poison control center and read the label of the poisonous substance taken before administering any antidote.

C. Emergency telephone numbers should be posted next to the telephone. These would include telephone numbers of a doctor, hospital, or clinic; the poison control center nearest to the center; the fire department; the police department; and a rescue squad or ambulance service.

D. The center staff should be able to administer first aid. It is advisable that a least one person in the center has had first aid training.

E. If there is no telephone in the center, staff members should have a plan of action which can be followed if an emergency occurs.

F. Staff should be familiar with symptoms which might indicate illness. Children with rashes, fevers, sores which do not heal normally, lack of energy, unusual irritability, or other symptoms should be carefully watched and given medical attention if the symptoms persist or worsen.

G. Telephone numbers of the children's parents, other relatives, or neighbors should be kept in individual children's files. Parents can then be easily notified if children get injured or become ill.

H. If a child becomes ill while he is at school, provisions should be made to isolate him or to send him home.

1. Staff should have a plan which can be followed for isolating a child who may have an infectious disease. An isolation area need not be available at all times, but staff should be able to provide such an area when needed.

2. Plans should be made so that a child who becomes ill could be sent h This might be done by having a parent or relative come and get the chi or by having the bus driver or another staff member take the child hom

3. Center staff should be sure that someone is at home to care for a sick child if the child is taken home.

I. The children's parents should be notified when children have been exposed to communicable diseases.

1. The close contact of a school situation makes it fairly easy for infectious diseases to be passed from child to child. For many of the children, this may be a first exposure to the childhood diseases such as mumps, chicken pox, and measles.

2. If parents are aware that their child has been exposed to some communicable disease, they are able to watch for the first symptoms of the disease. If children are kept at home as soon as the first symptoms appear, re-exposure of the other children is avoided.

3. Notification of the parents should include the specific disease, symptoms to watch for, and the incubation period of the disease. A sample form which might be used is included in the supplement.

J. If an accident does occur in the center, an accident report should be made and a copy kept on file in the center. A sample form which could be used for accident reports is included in the supplement.

K. If an emergency situation occurs, do not panic. A calm atmosphere not only helps the children in these situations but also helps staff members to think more clearly and handle the emergency more effectively.

VIII. The center staff should maintain and use a comprehensive list of resources available in the community for health and safety. Review Module #7, Collecting, Organizing, and Using Teaching Aids, and Module #12, The Early Childhood Program and the Community.

A. Resources may be kept in a card file or a list which should be periodically up-dated, removing resources no longer available, adding new resources, and changing any information regarding resources as needed.

B. The listings should include all agencies, departments, or individuals who serve in or are knowledgeable in the fields of safety and health (medical, dental, mental, and nutritional).

C. Listings should give all important information: the names of the individuals or agencies, telephone numbers, addresses, functions, how the resources might be used (i.e., by appointment only, by referral only, etc.), and by whom these resources may be used.

D. Staff should be familiar with referral procedures of all resources and be able to make referrals as needed.

E. Staff should use these resources when planning field trips or for classroom visitors in the health and safety education activities for the children.

F. Staff should use these resources in connection with the health and safety education program for parents and as a guide to give health and safety assistance to those parents who request it.

IX. Parents should be incuded in an on-going health and safety education program. Review Module #11, Understanding Parents' Values for Their Children and Recognizing the Family as a Prime Educator.

A. The health and safety goals of the center should be shared with the parents.

B. The center staff can help parents become familiar with health and safety resources in the community.

1. Some community resources might be used in planning programs for parent groups.

2. Questions and problems dealing with health and safety which parents bring to the center staff need to be considered.

   a. Staff members should answer any questions which they can.

   b. Staff should use available resources to help deal with questions and problems which arise. Staff members could either obtain the requested information from resource people or refer parents to appropriate resources.

C. Any information which staff members obtain regarding the health of particular children should be shared with the children's parents. This might be done by telephone, parent conferences, or notes or letters.

RESOURCES FOR FURTHER STUDY

1. Fontana, Vincent J. A PARENTS' GUIDE TO CHILD SAFETY. New York, Thomas Y. Crowell Company, 1973.

2. Gardner, D. Bruce. DEVELOPMENT IN EARLY CHILDHOOD: THE PRESCHOOL YEARS. New York, Harper & Row, 1964, pp. 18-19.

3. Read, Katherine H. THE NURSERY SCHOOL: A HUMAN RELATIONSHIPS LABORATORY. Philadelphia, W.B. Saunders Co., 1971, pp. 34, 41, 100-102.

HEALTH AND SAFETY - SUPPLEMENT

SAFETY CHECKLIST

Physical arrangements of the center should be consistent with the children's health, safety, and developmental needs. The space should meet the following standards:

	Check if Satisfactory
1. There is a safe and effective heating system. Radiators, hot water pipes, and similar hazards are adequately screened or insulated to prevent burns.	_____
2. No highly flammable furnishings or decorations are used. Flammable, other dangerous materials, and potential poisons are stored in cabinets accessible only to authorized person.	_____
3. An approved working fire extinguisher is available. Emergency lighting is available in case of power failure.	_____
4. The premises are clean and free of undesirable conditions (e.g., rodents, vermin, fumes, excessive noise). Premises are free of hazards (e.g., splintered, extremely sharp or protruding corners or edges, loose or broken parts). Stairways have railings. Clear glass doors are plainly marked to avoid accidental impact.	_____
5. Cleaning supplies and potentially dangerous materials are separated from food storage and inaccessible to children.	_____
6. Outdoor play areas are fenced or have other suitable barriers where necessary to prevent children from getting into unsafe areas (e.g., there are no ponds or swimming areas accessible to the children without supervision).	
7. Paint coatings in premises used for care of children have been evaluated to assure the absence of a hazardous quantity of lead.	_____
8. Rooms are well lighted.	_____
9. A source of water approved by the appropriate local authority is available in the facility. Adequate toilets and handwashing facilities are available.	_____
10. All sewage and liquid wastes are disposed of through a sewer system approved by an appropriate responsible authority. Solid waste garbage and rubbish is collected and stored in a safe and sanitary manner.	_____

SAFETY CHECKLIST CONTINUED

Check if Satisfactory

11. There is at least 35 square feet of indoor space per child available for the care of children (i.e., exclusive of bathrooms, halls, kitchen and storage places). There is at least 75 square feet per child outdoors. _____

12. When handicapped children are given care, adequate provision is made for their special needs to insure their safety and comfort. _____

(From Headstart Performance Standards)

SAMPLE MAINTENANCE REQUEST FORM

Attention:_____ Date:_____

Center:_____

Existing conditions:_____

caused by_____

Requested action:_____

Signature:_____ Repairs completed:_____

SAMPLE ACCIDENT REPORT FORM

Location:_____ Time:_____ Date:_____

Name of injured person(s):_____

Description of accident:_____

_____

Adults present in immediate area:_____

Type of injury:_____

Action taken:_____

(Doctor's report should accompany this form if person was seen by a doctor.)

to keep him/her home from school and notify one of the center staff.

_____
(Signature of teacher)

SAMPLE EMERGENCY INFORMATION FORM

Name_____ Home phone:_____

Address_____

Allergies or limitations:_____

Father's name_____

Father's Business Address_____Phone_____

Mother's name_____

Mother's Business Address_____Phone_____

Name of Doctor:_____

Address_____Phone_____

Name of Neighbor_____

Address_____Phone_____

Name of Relative_____

Address_____Phone_____

SAMPLE HEALTH RECORD FORM

Name of child_____ Birthdate_____

Address_____ Telephone_____

Communicable diseases - Date

Chicken pox_____
Diphtheria_____
Measles_____
Mumps_____
Whooping cough(Pertussis)_____
Scarlet fever (Strept)_____
Pneumonia_____

Immunizations - Date

Diphtheria - Whooping cought-Tetanus (DPT)_____
Boosters_____
Smallpox_____
Tuberculin_____
Measle vaccine_____
Mumps vaccine_____
Others_____

Other conditions

Asthma_____
Hay fever_____
Skin allergies_____
Other allergies_____
Colds (frequent)_____
Coughs (frequent)_____
Tonsilities_____
Others_____

Fill in dates for the type of polio immunizations received
Polio Salk poliomyseitis (3 required)
Dates: 1st____2nd____3rd_____
Polio Sabin monovalent oral (3 required)
Dates: 1st____2nd____3rd_____
Polio Trivalent oral (2 required)
Dates: 1st____2nd____

Comment in regard to these factors of child's general health:

Exposure to tuberculosis_____

Accidents (give dates)_____ _____

Subject to headaches_____

Wears glasses (if yes, date of last eye examination)_____

Dental needs_____

TO BE FILLED OUT BY THE DOCTOR

Note to Doctor: Please comment if there is a

Slight defect
Marked defect
Defect Corrected
Non-remedial defect

Eyes: R_____ L_____ Both_____
Ears: R_____ L_____ Both_____
Nose and Throat_____
Teeth_____
Skin_____
Hair_____
Thyroid_____
Heart_____

SAMPLE HEALTH RECORD FORM CONTINUED

Lungs_____
Orthopedic_____
Emotional or nervous_____
Nutrition_____

Additional Remarks:

I find_____in satisfactory physical health for attendance at school.

Date:_____ Signed:_____

Address:_____

Telephone:_____

Add additional pages as needed to keep health records up-to-date.